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7590

06/28/2004

VINCENT A. CICHOSZ
 DELPHI TECHNOLOGIES, INC.
 Legal Staff Mail Code: 480-414-420
 P.O. Box 5052
 Troy, MI 48007-5052

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Katie Hales	(Depositor's name)
Katie Hales	(Signature)
31-Aug-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/767,925	01/23/2001	Kaius Kiiren Polikarpus	DP-300566	1447

TITLE OF INVENTION: METHOD OF MAKING A SENSOR AND THE PRODUCT PRODUCED THEREFROM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OLSEN, KAJ K	1753	156-089120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Jimmy L. Funke

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0831 (enclose an extra copy of this form).

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(Authorized Signature)

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09/02/2004 RMEBRAH1 00000146 500831 09767925

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA

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